APPLICATION FOR ESCROW DEPOSITORY OFFICE RELOCATION

(Pursuant to HRS §449-19 and HAR §16-28-12)

Submit to:		Commissioner of Financial Institutions Division of Financial Institutions Department of Commerce & Consumer Affairs			
Mailing Address:		P.O. Box 2054 Honolulu, HI 96805	<u>or</u>	335 Merchant Street, Room 221 Honolulu, HI 96813	
Appl	icant Name: _				
Maili	ng Address: _				
Appl	ication to relo	cate:			
1)	From:				
2)	_				
Note:	Note: provide the EXACT location, including street address and the suite no. if applicable for Line #1 and #2.				
3)	Provide the official name for the new office:				
4)				lease terms, rent and size:	
5)	Reason(s) for the relocation:				
6)	Anticipate	d opening date for the r	new loca	tion:	
7)	Supporting Documents are attached (optional): Yes □ No □				
				ete application to the address ning date of the relocation.	
Sign	ature			Date	
Nam	e (print)			Phone	
Title				<u></u>	

Upon approval of this application, the Applicant shall notify the Commissioner by letter once the relocation has been accomplished. The escrow license for the prior location <u>and</u> the \$25.00 license issuance fee (made payable to the Department of Commerce and Consumer Affairs) should be returned with that letter. Upon receipt of the letter, the Division shall issue a license for the new location.